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Debtor 1	Scott	E. Barthol		
	First Name	Middle Name Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name Last Name		
United States Bar	nkruptcy Court for the:	EASTERN DIST. OF PENNSYLVANIA		
Case number (if known)	21-10257		_	t if this is an ded filing
Official Form				42/4
3cheaule A	B: Property			12/1
Part 1: Des		dence, Building, Land, or Other Real		
Part 1: Des	scribe Each Resid		Estate You Own or Have	
Part 1: Des 1. Do you own o No. Go t Yes. Wh 1.1. 5268 Spring Driv	scribe Each Resider or have any legal or entroperty?	dence, Building, Land, or Other Real equitable interest in any residence, building, la What is the property? Check all that apply.	Estate You Own or Have	e an Interest In ims or exemptions. Put the sims on Schedule D:
Part 1: Des	scribe Each Resider or have any legal or entroperty?	dence, Building, Land, or Other Real equitable interest in any residence, building, la	Estate You Own or Have and, or similar property? Do not deduct secured cla amount of any secured cla	e an Interest In ims or exemptions. Put the sims on Schedule D:
Part 1: Des 1. Do you own o No. Go t Yes. Wh 1.1. 5268 Spring Driv	scribe Each Resider or have any legal or entroperty?	what is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Estate You Own or Have and, or similar property? Do not deduct secured cla amount of any secured cla Creditors Who Have Claim Current value of the	ims or exemptions. Put the sims on Schedule D: as Secured by Property. Current value of the portion you own?
Part 1: Des 1. Do you own o No. Go t Yes. Wh 1.1. 5268 Spring Driv Center Valley, P	scribe Each Resider or have any legal or entroperty?	what is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	Estate You Own or Have and, or similar property? Do not deduct secured cla amount of any secured cla Creditors Who Have Claim Current value of the entire property?	ims or exemptions. Put thims on Schedule D: as Secured by Property. Current value of the portion you own? \$200,000.00 our ownership ple, tenancy by the
Part 1: Des	scribe Each Resider or have any legal or entry to Part 2. There is the property?	what is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Estate You Own or Have and, or similar property? Do not deduct secured cla amount of any secured cla Creditors Who Have Claim Current value of the entire property? \$200,000.00 Describe the nature of you	ims or exemptions. Put the sims on Schedule D: as Secured by Property. Current value of the portion you own? \$200,000.00 our ownership ple, tenancy by the
Part 1: Des 1. Do you own o No. Go t Yes. Wh 1.1. 5268 Spring Driv Center Valley, P	scribe Each Resider or have any legal or entry to Part 2. There is the property?	what is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Do not deduct secured cla amount of any secured cla Creditors Who Have Claim Current value of the entire property? \$200,000.00 Describe the nature of you interest (such as fee sime entireties, or a life estate Tenancy by Entireties	ims or exemptions. Put to aims on Schedule D: as Secured by Property. Current value of the portion you own? \$200,000.00 Our ownership ple, tenancy by the color of the portion.
Part 1: Des	scribe Each Resider or have any legal or entry to Part 2. There is the property?	what is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla amount of any secured cla Creditors Who Have Claim Current value of the entire property? \$200,000.00 Describe the nature of your interest (such as fee sime entireties, or a life estate Tenancy by Entireties Check if this is communication.	ims or exemptions. Put to sims on Schedule D: as Secured by Property. Current value of the portion you own? \$200,000.00 Our ownership ple, tenancy by the color in the portion you own.
Part 1: Des	scribe Each Resider or have any legal or entry to Part 2. There is the property?	what is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Do not deduct secured cla amount of any secured cla Creditors Who Have Claim Current value of the entire property? \$200,000.00 Describe the nature of you interest (such as fee simentireties, or a life estate Tenancy by Entireties Check if this is commodered.	ims or exemptions. Put to a sims on Schedule D: as Secured by Property. Current value of the portion you own? \$200,000.00 our ownership ple, tenancy by the d), if known.

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Debt	or 1	Scott E.	Barthol	Cas	se number (if known) _	21-10257
Pa	rt 2:	Descri	be Your Vehicles			
-				e interest in any vehicles, whether they are a vehicle, also report it on Schedule G: Exec	-	•
3.	Cars, va	ans, truck	s, tractors, sport utility	vehicles, motorcycles		
	□ No ☑ Yes					
Othe 201	el: :: oximate er informa 7 Hyund	mileage:	Hyundai Accent 2017 32,000 nt (approx. 32,000	Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property	amount of any secure	portion you own?
mile 4.	Watercı	es: Boats,		(see instructions) and other recreational vehicles, other veh al watercraft, fishing vessels, snowmobiles, m	•	s
			•	own for all of your entries from Part 2, incluing Part 2. Write that number here		\$11,000.00
Pa	rt 3:	Descri	be Your Personal	and Household Items		
				nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
		_	and furnishings appliances, furniture, lin	ens, china, kitchenware		
	ш	. Describe	Kitchen, living r	oom, 2 bedrooms, basement, 1 bathro	om, shed including	\$2,000.00
7.	Electron Example	es: Televis		video, stereo, and digital equipment; compute evices including cell phones, cameras, media		
	_	. Describe	4 TV's, 1 compu	ter, 3 smartphones, Atari console		\$500.00
8.		•	es and figurines; paintin	gs, prints, or other artwork; books, pictures, o collections; other collections, memorabilia, col	•	
	□ No ☑ Yes	. Describe	Electric Slot car	rs HO scale - collected since the 1960	's 60-70 cars	\$1,000.00
	Example	es: Sports		e, and other hobby equipment; bicycles, pool t tools; musical instruments	ables, golf clubs, skis;	
	□ No ☑ Yes	. Describe	Bow and arrow,	fishing rods, tackle boxes, exercise b	ike	\$300.00

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Deb	tor 1 Se	cott E. Barthol	Case number (if known) 21-1	0257
10.	Firearms Examples:	Pistols, rifles, shotguns, a	mmunition, and related equipment	
	✓ No ☐ Yes. [Describe]
11.	•	Everyday clothes, furs, lea	ather coats, designer wear, shoes, accessories	
	□ No ☑ Yes. [Describe Clothing		\$300.00
12.	Jewelry Examples:	Everyday jewelry, costumo gold, silver	e jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
	☐ No ✓ Yes. [Describe Miscellaneo	us Costume Jewelry	\$100.00
13.	Non-farm Examples:	animals Dogs, cats, birds, horses		-
		Describe 2 Dogs		\$0.00
14.	Any other did not lis	•	items you did not already list, including any health aids you	
		Give specific		7 050.00
	inform	ationInhalers/No	ebulizer	\$50.00
15.		•	ntries from Part 3, including any entries for pages you have er here	\$4,250.00
P	art 4:	Describe Your Financ	cial Assets	
Do :	you own or	have any legal or equitab	ole interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples:	Money you have in your w	rallet, in your home, in a safe deposit box, and on hand when you file your	
	□ No ✓ Yes		Cash:	\$40.00
17.	Deposits of Examples:	Checking, savings, or other	er financial accounts; certificates of deposit; shares in credit unions, her similar institutions. If you have multiple accounts with the same	
	□ No ☑ Yes		Institution name:	
	17.1.	Checking account:	First Commonwealth FCU Savings/Checking account	\$4,000.00

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Debt	or 1 Scott E. Barth	ıol		_ Case number (if known) 2	I-10257
18.	Bonds, mutual funds, o Examples: Bond funds,		cks with brokerage firms, money ma	rket accounts	
	✓ No Yes	Institution or issue	er name:		
19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture					
	✓ No Yes. Give specific information about them	Name of entity:		% of ownership	:
20.	Negotiable instruments in	nclude personal check	r negotiable and non-negotiables, cashiers' checks, promissory not transfer to someone by sign	notes, and money orders.	
	✓ No ☐ Yes. Give specific information about them	Issuer name:			
21.	Retirement or pension a Examples: Interests in IF profit-sharing	RA, ERISA, Keogh, 40	01(k), 403(b), thrift savings acco	ounts, or other pension or	
	No✓ Yes. List each account separately.	Type of account:	Institution name:		
		Pension plan:	PSERS Pension plan; c	orpus not accessible to Debt	or \$0.00
22.		deposits you have ma	ade so that you may continue so d rent, public utilities (electric, g		
	✓ No ☐ Yes		Institution name or individual:		
23.	Annuities (A contract for No Yes			for life or for a number of years)	
24.	_	on IRA, in an account	t in a qualified ABLE program	, or under a qualified state tuition	ı program.
	✓ No Yes	Institution name a	nd description. Separately file t	the records of any interests. 11 U.S	S.C. § 521(c)
25.	Trusts, equitable or futo powers exercisable for		erty (other than anything liste	d in line 1), and rights or	
	✓ No Yes. Give specific information about the	em			
26.			ets, and other intellectual proproceeds from royalties and lice		
	✓ NoYes. Give specific information about the	em			
27.	,	-	_	ings, liquor licenses, professional li	censes
	✓ No Yes. Give specific information about the	em			

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Deb	tor 1	Scott E. Barthol		Case number (if known)	21-10	257
Mor	ey or p	roperty owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	funds owed to you				
	abo you	s. Give specific information out them, including whether u already filed the returns d the tax years			Federal: State: Local:	:
29.	-	•	limony, spousal support, child support, maint	enance, divorce settlement	, property	settlement
		s. Give specific information		Alimony:		
				Maintenan	ce:	
				Support:		
				Divorce se	ttlement:	
				Property se	ettlement	<u>:</u>
	✓ No	compensation, Social Se	insurance payments, disability benefits, sickecurity benefits; unpaid loans you made to so			
31.	Example No Yes	s. Name the insurance mpany of each policy d list its value	insurance; health savings account (HSA); cro ompany name: nployer's Term Life Insurance	edit, homeowner's, or renter Beneficiary:		rrender or refund value:
32.	If you a		e you from someone who has died trust, expect proceeds from a life insurance p someone has died	policy, or are currently		
	✓ No ☐ Yes	s. Give specific information				
33.		les: Accidents, employment	her or not you have filed a lawsuit or mad disputes, insurance claims, or rights to sue	e a demand for payment		
		s. Describe each claim				
34.	rights t	to set off claims	d claims of every nature, including counte	rclaims of the debtor and		
	✓ No ☐ Yes	s. Describe each claim				
35.	Any fin	nancial assets you did not a	lready list			
	✓ No	s. Give specific information				

Deb	tor 1	Scott E. Bart	thol	Case number (if known) _21	-10257
36.			-	from Part 4, including any entries for pages you have	\$4,040.00
Pa	art 5:	Describe An	y Business-Rela	ated Property You Own or Have an Interest In. List ar	ny real estate in Part 1.
37.	Do you	own or have a	ny legal or equitable	e interest in any business-related property?	
	<u> </u>	Go to Part 6. Go to line 38.			
					Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accoun	nts receivable o	or commissions you	already earned	
	✓ No ☐ Yes	s. Describe			<u> </u>
39.		es: Business-re	nishings, and supplicated computers, softers, electronic devices	tware, modems, printers, copiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes	s. Describe			
40.	Machin	ery, fixtures, e	quipment, supplies	you use in business, and tools of your trade	
	✓ No ☐ Yes	s. Describe			7
41.	Invento	ery			_
	✓ No ☐ Yes	s. Describe			
42.	Interest	ـــ ts in partnersh	ips or joint ventures		
	✓ No ☐ Yes	s. Describe	Name of entity:	% of ownership:	
43.	Custom	ner lists, mailin	g lists, or other com	pilations	
	✓ No ☐ Yes	☐ No		identifiable information (as defined in 11 U.S.C. § 101(41A))?	
		Yes. De	scribe		
44.	Any bu	siness-related	property you did no	t already list	
	✓ No ☐ Yes	s. Give specific	information.		
45.				from Part 5, including any entries for pages you have re	\$0.00
Pa				mmercial Fishing-Related Property You Own or Have in farmland, list it in Part 1.	an Interest In.
46.	Do you	own or have a	ny legal or equitable	e interest in any farm- or commercial fishing-related property?	
	يض	Go to Part 7. Go to line 47.			

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Deb	tor 1 Scott E. Barthol	_ Case number (if known)	21-10257
47.	Farm animals		Current value of the portion you own? Do not deduct secured claims or exemptions.
	Examples: Livestock, poultry, farm-raised fish		
	✓ No Yes		
48.	Cropseither growing or harvested		
	✓ No Yes. Give specific information		
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of	of trade	
	✓ No ☐ Yes		
50.	Farm and fishing supplies, chemicals, and feed		
	✓ No ☐ Yes		
51.	Any farm- and commercial fishing-related property you did not already lis	t	
	✓ No ☐ Yes. Give specific information		
52.	Add the dollar value of all of your entries from Part 6, including any entrie attached for Part 6. Write that number here		→ \$0.00
Pa	art 7: Describe All Property You Own or Have an Interest in	That You Did Not List A	bove
53.	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership		
	✓ No✓ Yes. Give specific information.		
54.	Add the dollar value of all of your entries from Part 7. Write that number h	nere	→ \$0.00

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Debtor 1	Scott E. Barthol	Case nu	umber (if known)	21-10	257
Part 8:	List the Totals of Each Part of this Form				
55. Part 1	: Total real estate, line 2			→	\$200,000.00
56. Part 2	: Total vehicles, line 5	\$11,000.00			
57. Part 3	: Total personal and household items, line 15	\$4,250.00			
58. Part 4	: Total financial assets, line 36	\$4,040.00			
59. Part 5	: Total business-related property, line 45	\$0.00			
60. Part 6	: Total farm- and fishing-related property, line 52	\$0.00			
61. Part 7	: Total other property not listed, line 54	+\$0.00			
62. Total	personal property. Add lines 56 through 61	\$19,290.00	Copy personal property total	→ +	. \$19,290.00
63. Total	of all property on Schedule A/B. Add line 55 + line 62.			<u>[</u>	\$219,290.00

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Fill in this information to identify your case:					
Debtor 1	Scott First Name	E. Middle Name	Barthol Last Name		
Debtor 2		wilding Name			
(Spouse, if filing)		Middle Name	Last Name		
	. ,	or the: EASTERN DIS	T. OF PENNSYLVANIA		
Case number (if known)	21-10257				

Official Form 106C

Part 1:

Schedule C: The Property You Claim as Exempt

Identify the Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming?	Check one only, e	even if your spouse is filing	with you.
	You are claiming state and federal nonban You are claiming federal exemptions. 11 to		11 U.S.C. § 522(b)(3)	
2.	For any property you list on Schedule A/B th	at you claim as exen	mpt, fill in the information	pelow.
	of description of the property and line on needule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Res Pro	of description: sidence spertly includes 2 acres of land. e from Schedule A/B:1.1	\$200,000.00	\$12,041.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
201 mil	of description: 7 Hyundai Accent (approx. 32,000 es) 9 from Schedule A/B: 3.1	\$11,000.00	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
	f description: chen, living room, 2 bedrooms,	\$2,000.00	\$2,000.00 100% of fair market	11 U.S.C. § 522(d)(3)

Are you claiming a homestead exemption of more than \$170,350?
 (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

basement, 1 bathroom, shed including

lawn equpment and tools

Line from Schedule A/B: 6

$\overline{\mathbf{Q}}$	No	
$\bar{\Box}$	Yes.	Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
		No

☐ Yes

value, up to any

limit

applicable statutory

Debtor 1 Scott E. Barthol Case number (if known) 21-10257					(if known) _ 21-10257
Part 2:	Additional Page				
	ption of the property and line on /B that lists this property	Current value of the portion you own		unt of the ption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B		k only one box for exemption	
console	ontion: omputer, 3 smartphones, Atari chedule A/B:7	\$500.00	ا د	\$500.00 100% of fair market value, up to any applicable statutory imit	11 U.S.C. § 522(d)(3)
since the 1	otion: ot cars HO scale - collected 1960's 60-70 cars chedule A/B:8	\$1,000.00	ا د	\$1,000.00 100% of fair market value, up to any applicable statutory imit	11 U.S.C. § 522(d)(3)
exercise b	rrow, fishing rods, tackle boxes,	\$300.00	U \	\$300.00 100% of fair market value, up to any applicable statutory imit	11 U.S.C. § 522(d)(3)
Brief descrip Clothing Line from So	otion: chedule A/B:11	\$300.00	ا د	\$300.00 100% of fair market value, up to any applicable statutory imit	11 U.S.C. § 522(d)(3)
	otion: eous Costume Jewelry chedule A/B:12	\$100.00	ا د	\$100.00 100% of fair market value, up to any applicable statutory imit	11 U.S.C. § 522(d)(4)
Brief descrip Inhalers/No Line from So		\$50.00	٠ د	\$50.00 100% of fair market value, up to any applicable statutory imit	11 U.S.C. § 522(d)(3)
Brief descrip Cash Line from So	otion: chedule A/B: 16	\$40.00	ا د	\$40.00 100% of fair market value, up to any applicable statutory imit	11 U.S.C. § 522(d)(5)
Savings/C	otion: monwealth FCU hecking account chedule A/B:17.1	\$4,000.00	ا د	\$4,000.00 100% of fair market value, up to any applicable statutory imit	11 U.S.C. § 522(d)(5)
accessible	otion: nsion plan; corpus not to Debtor chedule A/B:21	\$0.00	٠ د	\$0.00 100% of fair market value, up to any applicable statutory imit	11 U.S.C. § 522(d)(12)

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Debtor 1	Scott E. Barthol			Case number	Case number (if known) 21-10257		
Part 2:	Additional Page						
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption		
		Copy the value from Schedule A/B		k only one box for exemption			
Brief descrip	otion: 's Term Life Insurance	\$0.00		\$0.00 100% of fair market	11 U.S.C	c. § 522(d)(8)	
Line from S	chedule A/B: 31		á	value, up to any applicable statutory limit			

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Fill in this inf	ormation to ide	ntify your case	e: 				
Debtor 1	Scott First Name	E. Middle Name	Barthol Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court for th	e: EASTERN DI	ST. OF PENNSYLVAN	IA			
Case number	21-10257				☐ Check if this is	: an	
(if known)					amended filing		
Official Form	106D						
Schedule D:	Creditors W	ho Have Cl	aims Secured by	Property		12/15	
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 1. List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one							
	particular claim, list ible, list the claims in e.			Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any	
2.1		Describe the	ne property that e claim:	\$187,959.00	\$200,000.00		
Homebridge Fin	anciai Services	Residence)				
PO Box 77404 Number Street							
		As of the da	ate you file, the claim is:	Check all that apply.			
Ewing	NJ 08628	Unliquid					
City Who owes the deb	State ZIP Code	Dispute					
Debtor 1 only	it! Check one.		en. Check all that apply.	mortagae er segured	car loan)		
Debtor 2 only			ement you made (such as ry lien (such as tax lien, m		cai ioaii)		
☐ Debtor 1 and D		☐ Judgme	ent lien from a lawsuit				
_	the debtors and and	other 🔽 Other (ii	ncluding a right to offset)				
Check if this c		Purcha	ase Money				
Date debt was inc	-	1 Last 4 digit	s of account number	3 4 0 9			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$187,959.00

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Additional Page Part 1: Additional Page After listing any entries on this page, number them sequentially from the previous page.			Case number (if known)			
			Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
Safco Creditor's name 6300 Hazeltine Number Street Suite 108	Nat	Describe the property that secures the claim: 2017 Hyundai Accent	\$13,242.00	\$11,000.00	\$2,242.00	
Orlando City Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and [At least one of to a communications.]	Debtor 2 only f the debtors and another claim relates	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, media) Judgment lien from a lawsuit Other (including a right to offset) Purchase Money	mortgage or secured	car loan)		
Date debt was inc	curred 09/28/2019	Last 4 digits of account number	9 0 1 5			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$13,242.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$201,201.00

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Fill in this inf	formation to i	dentify your ca	SO.			
Debtor 1						
Deptor 1	Scott First Name	E. Middle Name	Barthol Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court fo	rthe: EASTERN I	DIST. OF PENNSYLVANIA			
Case number (if known)	21-10257				Check if this i	
Official Form	106E/F					
Schedule E	/F: Creditor	s Who Have	Unsecured Claims			12/15
Do not include an If more space is r to this page. On t	y creditors with needed, copy the the top of any ad	partially secured of Part you need, fill	nd on Schedule G: Executory Conclaims that are listed in Schedule it out, number the entries in the ite your name and case number (D: Creditors Who Hoboxes on the left. A	lold Claims Sec	ured by Property.
		unsecured claim				
	to Part 2.	, unsecureu ciann	s agamst you:			
✓ No. Go	10 T alt 2.					
claim. For ea show both pri more space is claim, list the	ch claim listed, id ority and nonprior s needed for priori other creditors in	entify what type of ity amounts. As mu ty unsecured claim Part 3.	reditor has more than one priority uclaim it is. If a claim has both priorich as possible, list the claims in all s, fill out the Continuation Page of instructions for this form in the inst	ty and nonpriority am phabetical order accordant 1. If more than or cruction booklet.	ounts, list that coording to the creation creditor hold	laim here and ditor's name. If s a particular
				Total claim	Priority amount	Nonpriority amount
2.1						
Priority Creditor's Nam	ne		Last 4 digits of account number			
Number Street			When was the debt incurred?		_	
			As of the date you file, the claim	is: Check all that ap	olv.	
			Contingent		,	
City	State	ZIP Code	Unliquidated Disputed			
Who incurred the	debt? Check	one.	Type of PRIORITY unsecured cla	im:		
Debtor 1 only Debtor 2 only			Domestic support obligations	value and the server	ant	
Debtor 1 and [Debtor 2 only		Taxes and certain other debts Claims for death or personal in		ient	
At least one of	the debtors and		intoxicated	, , , ,		
—	claim is for a con	nmunity debt	Other. Specify			
Is the claim subje ☐ No	CT TO OTISET?					
Yes						

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Debtor 1 Scott E. Barthol	Case number (if known) 21-10257
Part 2: List All of Your NONPRIOR	RITY Unsecured Claims
3. Do any creditors have nonpriority unsecu ☐ No. You have nothing to report in this p ☐ Yes	red claims against you? part. Submit this form to the court with your other schedules.
If a creditor has more than one nonpriority ur type of claim it is. Do not list claims already	ms in the alphabetical order of the creditor who holds each claim. nsecured claim, list the creditor separately for each claim. For each claim listed, identify what included in Part 1. If more than one creditor holds a particular claim, list the other creditors in ity unsecured claims, fill out the Continuation Page of Part 2.
	Total claim
4.1 Capital One Bank USA NA Nonpriority Creditor's Name PO Box 30281 Number Street	\$488.00 Last 4 digits of account number 7 7 1 5 When was the debt incurred? 1/13/2019 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
Salt Lake City City State Who incurred the debt? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card
A.2 Commonwealth Finance Nonpriority Creditor's Name 245 Main Street Number Street Scranton PA 18519 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Last 4 digits of account number 6 5 3 6 When was the debt incurred? 07/28/2020 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify ☐ Collecting for - Lehigh Valley Hospital

Debtor 1 Scott E. Barthol	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$233.00
Financial Recoveries	Last 4 digits of account number8766_	
Nonpriority Creditor's Name 200 East Park Drive	When was the debt incurred? 07/21/2014	
Number Street Suite 100	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
PO Box 1388	Disputed	
Mt. Laurel NJ 08054 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ☐ Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt Is the claim subject to offset?	Collecting for - St Lukes University Hospital	
✓ No Yes		
4.4		\$153.00
IC System Collections Nonpriority Creditor's Name	Last 4 digits of account number	
PO Box 64378	When was the debt incurred? 07/06/2015	
Number Street	As of the date you file, the claim is: Check all that apply. — Contingent	
	Unliquidated	
St Paul MN 55164	─ ☐ Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Concerning for - Nazarean masic Center	
⋈ No		
Yes		
4.5		\$75.00
Phoenix Financial Services	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 361450	When was the debt incurred? 01/02/2020	
Number Street	As of the date you file, the claim is: Check all that apply.	
Indianapolis IN 46236	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ☐ Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Collecting for - Lehigh Valley Health System	
Is the claim subject to offset? No Yes		

Debtor 1	Scott E. Barthol	Case number (if known) 21-10257	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	g any entries on this page, number the age.	m sequentially from the	Total claim
4.6			\$4.000.00
PPL Elect	tric Utilities	Last 4 digits of account number	<u> </u>
Nonpriority C	reditor's Name	When was the debt incurred?	
2 North 9	Street	As of the date you file, the claim is: Check all that apply.	
Number	Gueet	Contingent	
		Unliquidated	
Allentowr	n PA 18101-1175	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.	Student loans	
Debtor	•	Obligations arising out of a separation agreement or divorce	
Debtor	,	that you did not report as priority claims	
ш	1 and Debtor 2 only tone of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
ш		Other. Specify	
_	if this claim is for a community debt	Service	
	n subject to offset?		
✓ No ☐ Yes			
4.7			\$69.00
Radius G	lobal Solutions LLC	Last 4 digits of account number 2 3 1 9	
Nonpriority C	reditor's Name	When was the debt incurred? 10/27/2017	
7831 Gler	nroy Road Street	As of the date you file, the claim is: Check all that apply.	
Suite 250		_ Contingent	
		Unliquidated	
		Disputed	
Minneapo City	MN 55439 State ZIP Code	Time of NONDDIODITY improving delains	
,	red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor	1 only	Student loans Obligations griding out of a congration agreement or diverse	
Debtor	2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
☐ At leas	t one of the debtors and another	✓ Other. Specify	
☐ Check	if this claim is for a community debt	Collecting for - Aspen Dental	
Is the clain	n subject to offset?		
☑ No			
☐ Yes			

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Case number (if known) 21-10257

Part 3: List Otl	hers to Be	Notified Ab	out a Debt That Yo	ou Already	Lis	sted
For example, if a c creditor in Parts 1	collection ag or 2, then li ed in Parts	pency is trying to st the collection 1 or 2, list the ac	o collect from you for a n agency here. Similar dditional creditors here	a debt you o rly, if you ha	we t ve m	bt that you already listed in Parts 1 or 2. to someone else, list the original nore than one creditor for any of the have additional parties to be notified for
Aspen Dental			On which entry in	n Part 1 or Pa	art 2	did you list the original creditor?
Name 1856 Airport Road			Line 4.7 of (0	Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street					☑	Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of a	ccount numb	er	
Allentown City	PA State	18109 ZIP Code	_			
Credit One Bank			On which entry in	n Part 1 or Pa	art 2	did you list the original creditor?
Name PO Box 98872			Line of (0	Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street			<u> </u>	,	_	Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of a	ccount numb	er	0 7 2 5
Las Vegas City	NV State	89193 ZIP Code				
_ehigh Valley Health	Network		On which entry in	n Part 1 or Pa	art 2	did you list the original creditor?
Name 1200 South Cedar Cr			 Line 4.5 of (0	Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street				,	_	Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of a	ccount numb	er	
Allentown City	PA State	18103 ZIP Code	_			
Sity	State	Zii Code				
Lehigh Valley Hospit	al		On which entry in	n Part 1 or Pa	art 2	did you list the original creditor?
Name 2545 Schoenersville	Road		Lineof (0	Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street			<u></u>		☑	Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of a	ccount numb	er	
Bethlehem City	PA State	18017 ZIP Code				
Nazareth Music Cent Name	ter		On which entry in	n Part 1 or Pa	art 2	did you list the original creditor?
162 S Main Street			Line 4.4 _ of (0	Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street						Part 2: Creditors with Nonpriority Unsecured Claims
N 4b		40004	— Last 4 digits of a	ccount numb	er	
Nazareth City	PA State	18064 ZIP Code	<u></u>			
St Lukes University	Hospital		On which entry in	n Part 1 or Pa	art 2	! did you list the original creditor?
Name 301 Ostrum Street	•					Part 1: Creditors with Priority Unsecured Claims
Number Street					_	Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of a	ccount numb	er	
Bethlehem City	PA State	18015 ZIP Code				

Debtor 1

Scott E. Barthol

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Debtor 1	Scott E. Barthol	Case number (if known)	21-10257

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. -	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. 4	\$5,093.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$5,093.00

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Fill in this inf	ormation to iden			
Debtor 1	Scott First Name	E. Middle Name	Barthol Last Name	
Debtor 2		Middle Name		
(Spouse, if filing)			Last Name OF PENNSYLVANIA	
Case number	21-10257	<u>LACILITY DIOT.</u>	OI I ENNOTEVANIA	
(if known)	21-10257			Check if this is ar amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in	this info	ormation to ider	ntify your case:			
Debtor 1		Scott	E.	Barthol		
		First Name	Middle Name	Last Name		
Debtor 2 (Spouse	2 e, if filing)	First Name	Middle Name	Last Name		
			· FASTERN DIST	Γ. OF PENNSYLVANIA		
		. ,	EASTERN DIS	1. OF TENNOTEVANIA		
Case nu (if know		21-10257			☐ Check if this amended fill	
	l Form	106H Your Codebt	tors			12/15
two marr needed, o page. Or 1. Do y	ied people copy the A	e are filing together Additional Page, fill of any Additional Pa	r, both are equally it out, and number ages, write your na	responsible for supplying co r the entries in the boxes on	as complete and accurate as pos rrect information. If more space is he left. Attach the Additional Pag vn). Answer every question. e as a codebtor.)	s
	de Arizona	a, California, Idaho, I		• • • • • • • • • • • • • • • • • • • •	? (Community property states and as, Washington, and Wisconsin.)	territories
	No. Go to Yes. Did		spouse, or legal ed	uivalent live with you at the tir	e?	
pers cred	olumn 1, l on showr litor on So	n in line 2 again as a	a codebtor only if t Form 106D), <i>Sched</i>	hat person is a guarantor or fule E/F (Official Form 106E/	or if your spouse is filing with you cosigner. Make sure you have lis), or <i>Schedule G</i> (Official Form 10	ted the
C	Column 1:	Your codebtor			Column 2: The creditor to whom	you owe the debt
					Check all schedules that apply:	
		an, Judy			Schedule D, line 2.2	
	ame 268 Spri	ng Drive			Schedule E/F, line	
N		Street			Schedule G, line	_
_		•		_	Safco	
C	ity		State	ZIP Code		

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Debtor 1	Scott	E.	Barthol			
	First Name	Middle Name	Last Name	Che	eck if this is:	
Debtor 2				_ _	An amended filing	
(Spouse, if filing)	First Name	Middle Name	Last Name		•	
United States Bankruptcy Court for the:		EASTERN DIST. OF PENNSYLVANIA		_ □	A supplement showing postpetition chapter 13 income as of the following date	
Case number	21-10257				chapter 13 income as of the following date.	
(if known)					MM / DD / YYYY	

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

formation.		Debtor 1			Debtor 2 or nor	ı-filing spou	se
b, attach a separate page	Employment status	= ' '			☐ Employed✓ Not employ	red	
dditional employers.	Occupation	Maintenanc	Maintenance Mechanic				
· · · · · · · · · · · · · · · · · · ·	Employer's name	Sawucon Valley School District		Brandywine Lehigh Transportation LLC 287 West Wesner Road Number Street			
udent or homemaker, if it	Employer's address	Hellertown, PA Number Street					
		City		Zip Code	Reading City	PA State	19605 Zip Code
	Ill in your employment formation. you have more than one b, attach a separate page ith information about diditional employers. clude part-time, seasonal, self-employed work. ccupation may include udent or homemaker, if it oplies.	formation. you have more than one b, attach a separate page ith information about diditional employers. Clude part-time, seasonal, self-employed work. Ccupation Cupation Cupation Cmployer's name Ccupation may include udent or homemaker, if it	formation. you have more than one b, attach a separate page ith information about diditional employers. Clude part-time, seasonal, self-employed work. Ccupation may include udent or homemaker, if it County better 1 Employment status Ccupation Ccupation Employer's name Employer's address Hellertown, Number Street	formation. you have more than one b, attach a separate page ith information about diditional employers. Clude part-time, seasonal, self-employed work. Ccupation may include udent or homemaker, if it Cpebtor 1 Employment status Cmployment status Employment status Ccupation Maintenance Mechanic Sawucon Valley School Hellertown, PA Number Street	formation. you have more than one b, attach a separate page ith information about diditional employers. Clude part-time, seasonal, self-employed work. Ccupation may include udent or homemaker, if it County in the property of the prop	formation. you have more than one b, attach a separate page ith information about diditional employers. Clude part-time, seasonal, reself-employed work. Ccupation Ccupatio	Debtor 1 Debtor 2 or non-filing spou

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse \$5,220.80 \$2,752.84 List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. \$0.00 \$0.00 Calculate gross income. Add line 2 + line 3. \$5,220.80 \$2,752.84

Debto	or 1 Scott E. Barthol		Case nu	ımber (if	known) 21 -	-10257	
		F	or Debtor 1		Debtor 2 or -filing spouse	1	
	Copy line 4 here	4.	\$5,220.80		\$2,752.84	_	
	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$744.45	_	\$328.62		
	5b. Mandatory contributions for retirement plans	5b.	\$0.00		\$0.00		
	5c. Voluntary contributions for retirement plans	5c.	\$326.30	_	\$0.00		
	5d. Required repayments of retirement fund loans	5d.	\$0.00	_	\$0.00		
	5e. Insurance	5e.	\$0.00	_	\$0.00		
	5f. Domestic support obligations	5f.	\$0.00 \$0.00		\$0.00 \$0.00		
	5g. Union dues 5h. Other deductions.	5g.	Ψ0.00	_	Ψ0.00		
	Specify:	5h. +	\$0.00	_	\$0.00		
	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$1,070.75	_	\$328.62		
	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$4,150.05	_	\$2,424.22		
	List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	_	\$0.00		
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b. Interest and dividends	8b.	\$0.00		\$0.00		
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	_	\$0.00		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d. Unemployment compensation	8d.	\$0.00	_	\$0.00		
	8e. Social Security	8e.	\$0.00		\$0.00		
;	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
	Specify:	8f.	\$0.00		\$0.00		
	8g. Pension or retirement income	8g.	\$0.00	_	\$0.00		
;	8h. Other monthly income. Specify:	8h. +	\$0.00		\$0.00		
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00		\$0.00		
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$4,150.05	 + _	\$2,424.22	= \$6,574.	27_
1	I. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.						
;	Specify:				11.	+ \$0.	<u>00</u> _
i	Add the amount in the last column of line 10 to the amount in line 11. income. Write that amount on the Summary of Your Assets and Liabilities if it applies.					\$6,574. Combined monthly inco	
13.	Do you expect an increase or decrease within the year after you file t	this form	1?			,	
	✓ No. Yes. Explain:						

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Ī	ill in this inforn	nation to id	entify	your case:			Cha	ck if this	· ie·		
	Debtor 1	Scott First Name		E. Middle Name	Barth Last Na			An ame	ended filing lement showing	postpetitio	n
	Debtor 2 (Spouse, if filing)	First Name		Middle Name	Last Na	me	_		r 13 expenses a ng date:	s of the	
	United States Bank	ruptcy Court fo	r the:	EASTERN DIST	Γ. OF PENI	NSYLVANIA		MM / D	D / YYYY	_	
	Case number (if known)	21-10257						IVIIVI / D	D/ 1111		
0	fficial Form 10)6J					_				
S	chedule J: Yo	our Exper	ıses								12/15
na	rrect information. I me and case numb	f more space	is need Answe	led, attach anothor er every question	er sheet to t	ing together, both ar his form. On the top	-		-		
1.	Is this a joint cas	e?									
2.	_ No	Debtor 2 live in s. Debtor 2 mo endents?	ust file (lo 'es. Fill out this in	-2, Expense	s for Separate Housel Dependent's relati Debtor 1 or Debtor	onshi		2. Dependent's age	Does de live with	pendent
	Debtor 2.	Tana	fo	or each dependent	İ	Child			17	□ No	your
	Do not state the d names.	ependents'				Child			15	Yes No Yes No No No Yes No Yes	i
3.	Do your expense			☑ No						No Yes No Yes	
	expenses of peo yourself and you			Yes							
	Part 2: Estim	ate Your Or	ngoin	g Monthly Exp							
to	•	of a date afte	r the b		•	re using this form as supplemental Sche			•		
	clude expenses paid ch assistance and			•	•	know the value of cial Form 106l.)			Your expens	ses	
4.	The rental or hor Include first mortg							4	4	\$1,	384.94
	If not included in	line 4:									
	4a. Real estate t	axes						4	4a		
	4b. Property, hor	meowner's, or r	enter's	insurance				4	4b		
	4c. Home mainte	enance, repair,	and up	keep expenses				4	4c		\$50.00
	4d Homooumork	a accordation o	r conde	minium duos				,	1.4		

Deb	tor 1	Scott E. Barthol	Case number	(if known)	21-10257
				Your	expenses
5.	Addi	itional mortgage payments for your residence, such as h	nome equity loans	5.	
6.	Utilit	iles:		_	
	6a.	Electricity, heat, natural gas	(See continuation sheet(s) for details)	6a	\$236.00
	6b.	Water, sewer, garbage collection	(Garbage)	6b.	\$26.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	(See continuation sheet(s) for details)	6c	\$360.00
	6d.	Other. Specify:		6d.	
7.	Food	d and housekeeping supplies	(Food)	7.	\$800.00
8.	Child	dcare and children's education costs		8.	
9.	Clot	hing, laundry, and dry cleaning		9	\$200.00
10.	Pers	onal care products and services		10	\$50.00
11.	Med	ical and dental expenses		11	\$50.00
12.		sportation. Include gas, maintenance, bus or train Do not include car payments.		12	\$150.00
13.		rtainment, clubs, recreation, newspapers, azines, and books		13	
14.	Cha	ritable contributions and religious donations		14	
15.		rance. ot include insurance deducted from your pay or included in	lines 4 or 20.		
		Life insurance		15a.	
	15b.	Health insurance		15b.	
	15c.	Vehicle insurance		15c.	\$320.00
	15d.	Other insurance. Specify:		15d.	<u> </u>
16.	Taxe	es. Do not include taxes deducted from your pay or include	ded in lines 4 or 20.	16.	
17.	•	allment or lease payments:		_	
	17a.	Car payments for Vehicle 1 Safco payment		17a.	\$357.00
	17b.	Car payments for Vehicle 2		17b.	·
	17c.	Other. Specify:		17c.	
		Other. Specify:		17d.	
18.	Your	r payments of alimony, maintenance, and support that y ucted from your pay on line 5, Schedule I, Your Income	ou did not report as	18.	
19.	Othe Spec	er payments you make to support others who do not live	•	19.	
20.	Othe	or real property expenses not included in lines 4 or 5 of edule I: Your Income.		_	
	20a.	Mortgages on other property		20a	
	20b.	Real estate taxes		20b	
	20c.	Property, homeowner's, or renter's insurance		20c.	
	20d.	Maintenance, repair, and upkeep expenses		20d	
	20e.	Homeowner's association or condominium dues		20e.	

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Debtor 1		Scott E. Barthol	Case number (if known)	21-10257	
21.	Other.	Specify:	21. +_		
22.	Calcul	ate your monthly expenses.			
	22a.	Add lines 4 through 21.	22a	\$3,983.94	
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b		
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,983.94	
23.	Calcul	ate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$6,574.27	
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$3,983.94	
		Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$2,590.33	
24.	Do you	u expect an increase or decrease in your expenses within the year after you fil	e this form?		
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?					
	√ N	0			
	☐ Y	es. Explain here: None.			

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Debtor 1 Scott E. Barthol	Case number (if known)	21-10257
6a. Electricity, heat, natural gas (details): Electricity Propane Oil (heat)	Total:	\$180.00 \$15.00 \$41.00 \$236.00
6c. Telephone, cell phone, Internet, satellite, and cable services (details): Cell Phone Cable TV/Internet	Total:	\$210.00 \$150.00 \$360.00

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Fill in this information to identify your case:						
Debtor 1	Scott First Name	E. Middle Name	Barthol Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA						
Case number (if known)	21-10257					

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Р	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$200,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$19,290.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$219,290.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$201,201.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$5,093.00
	Your total liabilities	\$206,294.00
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$6,574.27
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$3,983.94

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Deb	otor 1	Scott E. Barthol	ase number (if known)21-102	257
P	art 4	Answer These Questions for Administrative and Statistica	al Records	
6.	Are	you filing for bankruptcy under Chapters 7, 11, or 13?		
		No. You have nothing to report on this part of the form. Check this box and subtres	mit this form to the court with you	ur other schedules.
7.	Wha	at kind of debt do you have?		
		Your debts are primarily consumer debts. Consumer debts are those "incurre family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistic Your debts are not primarily consumer debts. You have nothing to report on this form to the court with your other schedules.	cal purposes. 28 U.S.C. § 159.	
3.		m the Statement of Your Current Monthly Income: Copy your total current mon cial Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	thly income from	\$7,541.22
) .	Сор	by the following special categories of claims from Part 4, line 6 of <i>Schedule E</i>	:/ F :	
			Total claim	
	Fro	m Part 4 on <i>Schedule E/F,</i> copy the following:		
	9a.	Domestic support obligations. (Copy line 6a.)	\$0.00	<u>)</u>
	9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00	<u>)</u>
	9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	<u>)</u>
	9d.	Student loans. (Copy line 6f.)	\$0.00	<u>) </u>
	9e.	Obligations arising out of a separation agreement or divorce that you did not reportive claims. (Copy line 6g.)	ort as \$0.00	<u>)</u>
	9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00	<u>) </u>
	9g.	Total. Add lines 9a through 9f.	\$0.00	

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Fill in this inf	ormation to	identify your case:	:			
Debtor 1	Scott	E	Barthol			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court f	or the: EASTERN DIS	T. OF PENNSYLVA	ANIA_		
Case number	21-10257					
(if known)						
Official Form 106Dec						
Declaration	About an	Individual Debt	or's Schedule	s		

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is	NOT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have true and correct.	e read the summary and schedules filed with this declaration and that they are
X /s/ Scott E. Barthol Scott E. Barthol, Debtor 1	X Signature of Debtor 2
Date <u>12/23/2021</u> MM / DD / YYYY	Date MM / DD / YYYY

12/15

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA READING DIVISION

In re Scott E. Barthol		Case No.	21-10257
		Chapter	13
	DISCLOSURE OF COMPENSATION OF A	ATTORNEY FOR	DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that that compensation paid to me within one year before the filing of the peti services rendered or to be rendered on behalf of the debtor(s) in contemis as follows:	ition in bankruptcy, or a	agreed to be paid to me, for
	For legal services, I have agreed to accept	\$4	1,000.00
	Prior to the filing of this statement I have received		\$687.00
	Balance Due	\$:	3,313.00
2.	The source of the compensation paid to me was:		
	☑ Debtor ☐ Other (specify)		
3.	The source of compensation to be paid to me is:		
	☑ Debtor ☐ Other (specify)		
4.	I have not agreed to share the above-disclosed compensation with associates of my law firm.	have not agreed to share the above-disclosed compensation with any other person unless the ssociates of my law firm.	
	☐ I have agreed to share the above-disclosed compensation with ano associates of my law firm. A copy of the agreement, together with a compensation, is attached.	•	
5.	In return for the above-disclosed fee, I have agreed to render legal servi	ice for all aspects of th	e bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the bankruptcy;	e debtor in determinin	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs	s and plan which may b	pe required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: Chapter 7 cases: The fee represents a flat fee with no further fee being charged with the exception of defense of the Debtor(s) in any adversary proceedings; in this case, representation in adversary proceedings will be considered a new, separate engagement, subject to a new fee agreement. Chapter 13 cases: Fees collected pre-petition or distributed by the Trustee upon the issuance of an Order Approving Fee Application (or per the no-look fee in WDPA and MDPA) are approved by the Court and represent compensation for all time and expenses leading up to the event of fee distribution. In MDPA, Counsel may opt out of the no look fee in certain cases where the Debtor(s) have so agreed pre-petition, in which case the appropriate local forms shall be filed. In WDPA, the Fee Agreement authorizes Counsel to Apply to the Court for additional fees beyond the "no look" fee where appropriate in accordance with applicable local rules. Additional time and/or expenses incurred following the initial event of distribution and not covered by any previously filed Fee Application or presumed to be covered by any "no-look" fee provision may be presented to the Court in a Supplemental Fee Application, or, if billed at or after the conclusion of the case following completion of the Chapter 13 Plan, may be billed to non-estate funds. In any event, upon all occasions, upon the receipt of additional fees or expense reimbursements, a timely amended 2016 Statement shall be filed with the Court. Note that under no circumstances does Counsel charge a separate, discrete "expense retainer" with the exception of the original

case filing fee, which is subject to a "Preliminary Bankruptcy Fee Agreement" upon receipt of such funds.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/23/2021 /s/ Stephen M. Otto

Date

Stephen M. Otto
Law Office of Stephen M. Otto, LLC
833 N Park Road, Suite 102
Wyomissing, PA 19610

Phone: (484) 220-0481 / Fax: (484) 866-8973

Bar No. 82463